



# POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG5136E-2 CONTRACTOR EQUIPMENT

This form should be completed for contractor equipment costs incurred for each day of removal activity.

## **How to complete form:**

1. **FPN/CERCLA Number:** The FPN or CERCLA case number assigned to the incident.
2. **Date:** Report the date costs were incurred.
3. **Contractor:** Name of contractor; indicate if supporting documentation is attached.

## **Contractor Equipment**

Provide the following information for each piece of equipment used in removal activities.

4. **CLIN:** The applicable contract line item number.
5. **Item Description:** Description of the equipment used for removal activities.
6. **Rate Basis:** The basis used for charging equipment costs (i.e., hourly, daily, weekly).
7. **Employed From/To:** The period of time equipment was used.
8. **Units:** The number of units the equipment was used for expressed in terms of the rate basis (i.e., numbers of hours, days, weeks).
9. **Rate/Unit:** The rate charged per unit.
10. **Rate Charges:** The rate per unit multiplied by the number of units.
11. **Non Rate Charges:** Total charges related to the equipment, not charged on a per unit basis (i.e., mileage, fuel, setup/takedown charges).
12. **Total Cost:** The sum of the Rate Charge and the Non-Rate Charges.
13. **Total Equipment Costs For This Date:** The sum of the amounts entered in the Total Costs column.
14. **Contractor's Certification:** Contractor's certification of the validity of the information presented.
15. **FOSC/Trustee Signature:** Certification by FOSC/Lead Trustee. The FOSC certifies the equipment listed was authorized for the date reported. **The FOSC does not certify contract rates or costs.**